



Department of Health and Human Services
MaineCare Services
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TTY Users: Dial 711 (Maine Relay)

DATE: July 1, 2014

TO: Interested Parties

FROM: Stefanie Nadeau, Director, MaineCare Services

SUBJECT: Adopted Rule: MaineCare Benefits Manual, Chapter III, Section 109, Speech & Hearing Services

The Department is adopting changes to implement new rates and codes for Section 109, Speech & Hearing Services, subject to approval by the Centers for Medicare and Medicaid Services. A public hearing on the proposed rule was held on May 19, 2014. There were no attendees. The comment deadline was May 29, 2014. No comments were received.

The Department utilizes federal Medicare rates as the basis for its rates of reimbursement for Medicaid services. In addition, pursuant to 45 C.F.R. §§ 162.1000 and 162.1002, the Department uses the Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) code sets for the coding of its Medicaid services. The code sets and Medicare rates are periodically updated by the American Medical Association CPT Editorial Panel and the federal Department of Health and Human Services, respectively. Pursuant to 45 C.F.R. §162.1001, each code set is valid within the dates specified by the organization responsible for maintaining that code set.

The codes utilized for Speech and Hearing Services were recently updated by the American Medical Association CPT Editorial Panel, in October of 2013, with a generally intended effective date of January 1, 2014. In addition, the Medicare rates for Speech and Hearing Services also changed, and the Department received notice of those rates from CMS on or about January 6, 2014.

The adopted changes made to this rule align with current 2014 CPT codes and current Medicare rates for Speech and Hearing Services. These changes include the elimination of code 92506 with the addition of codes 92521, 92522, 92523, and 92524.

Rules and related rulemaking documents may be reviewed at, or printed from, the MaineCare Services website at <http://www.maine.gov/dhhs/oms/rules/index.shtml> or for a fee, interested parties may request a paper copy of rules by calling (207) 624-4050. For those who are deaf or hard of hearing and have a TTY machine, the TTY number is 711.

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Notice of Agency Rule-making Adoption

AGENCY: Department of Health and Human Services, MaineCare Services

CHAPTER NUMBER AND TITLE: MaineCare Benefits Manual, Chapter III, Section 109, Speech & Hearing Services

ADOPTED RULE NUMBER: 2014-P086

CONCISE SUMMARY: The Department is adopting changes to implement new rates and codes for Section 109, Speech & Hearing Services, subject to approval by the Centers for Medicare and Medicaid Services.

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See <http://www.maine.gov/dhhs/oms/rules/index.shtml> for rules and related rulemaking documents.

EFFECTIVE DATE: July 6, 2014

AGENCY CONTACT PERSON: Cari Bernier, Health Planner

AGENCY NAME: Division of Policy

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10-144 - DEPARTMENT OF HEALTH & HUMAN SERVICES
CH. 101, MAINECARE BENEFITS MANUAL
CHAPTER III

SECTION 109

SPEECH AND HEARING SERVICES

Last Updated 07/06/14

Effective
7/6/14 if
CMS
approves

MaineCare coverage of Speech and Hearing Services is limited. Refer to Chapter II, Section 109.08 for specific limitations. Use the following modifiers whenever appropriate, as well as any other HIPAA compliant billing modifiers not listed below that apply to the service. The Modifier(s) column below is for reference only. Professional judgment of Qualified Professional Staffing in accordance with 109-09.3 should make the final determination.

Modifier GN if services are delivered under an outpatient speech-language pathology plan of care.

Modifier TF applicable for Assistant services.

Modifier HQ for group services (two (2) to four (4) members with one clinician).

Modifier 52 if the service is reduced, or applied to one ear and not both.

Modifier TL for services performed under an Individualized Family Service Plan (IFSP).

Modifier TM if performed under an Individualized Education Plan (IEP) with MaineCare Addendum.

Modifier 22 if the work required to provide a service is substantially greater than typically required. (Documentation must be submitted with the provider claim that supports the substantial additional work and the reason for that additional work. If so, after manual clinical review by the Department or authorized agent, the provider will receive an additional twenty-percent (20%) reimbursement for the service.

***Procedure codes 92526, 92550, 92565, 92568, 92610, V5364, V5364 TF added in this proposed rule will be reimbursed retroactively to 9/1/2010.**

****The Independent Rate applies to organizations with either one or more Speech Language Pathologist or Audiologist.**

Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
92507	GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual	\$51.38	\$37.11	per session
92507	TF,GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual intermediate level of care (Assistant)	\$44.55	\$32.17	per session
92508	HQ,GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals	\$19.80	\$14.30	per member per session

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Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
92508	TF,HQ,GN	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals (Assistant)	\$19.80	\$14.30	per member per session
92521	GN	Evaluation of speech fluency	\$76.52	\$55.27	per session
92522	GN	Evaluation of speech sound production	\$62.33	\$45.01	per session
92523	GN	Evaluation of speech sound production with evaluation of language comprehension and expression	\$129.16	\$93.28	per session
92524	GN	Behavioral and qualitative analysis of voice and resonance	\$64.52	\$46.60	per session
92526*	GN	Treatment of swallowing dysfunction and/or oral function for feeding (Dysphagia)	\$69.35	\$50.08	per session
92550*		Tympanometry and reflex threshold measurements	\$20.13	\$20.13	per session
92551		Screening test, pure tone, air only	\$12.12	\$8.76	per session
92552		Pure tone audiometry (threshold); air only	\$18.36	\$13.26	per session
92553		Pure tone audiometry (threshold); air and bone	\$23.28	\$16.81	per session
92555		Speech audiometry threshold;	\$13.43	\$9.70	per session
92556		Speech audiometry threshold; with speech recognition	\$20.83	\$15.04	per session
92557		Comprehensive audiometry threshold evaluation and speech recognition (92553 and 92556 combined)	\$29.83	\$21.54	per session
92561		Bekesy audiometry; diagnostic	\$23.53	\$16.99	per session
92562		Loudness balance test, alternate binaural or monaural	\$22.79	\$16.46	per session
92564		Short increment sensitivity index (SISI)	\$16.14	\$11.66	per session
92565*		Stenger test, pure tone	\$9.26	\$6.69	per session
92567		Tympanometry (impedance testing)	\$9.28	\$6.70	per session
92568*		Acoustic reflex testing, threshold	\$11.65	\$11.65	per session
92579		Visual reinforcement audiometry (VRA)	\$32.19	\$23.25	per session
92582		Conditioning play audiometry	\$37.07	\$26.77	per session
92583		Select picture audiometry	\$25.75	\$18.59	per session

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Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
92585		Auditory evoked potentials for evoked response audiometry/and/or testing of the central nervous system; comprehensive	\$75.46	\$54.34	per session
92587		Evoked otoacoustic emissions; limited (single stimulus level, either transient or distortion product(s)	\$26.82	\$19.37	per session
92588		Evoked otoacoustic emissions; comprehensive or diagnostic evaluation (comparison of transient and/or distortion product otoacoustic emissions at multiple levels and frequencies)	\$48.29	\$34.87	per session
92592		Hearing aid check; monaural (Under age 21 only)	\$25.79	\$18.62	per session
92593		Hearing aid check; binaural (Under age 21 only)	\$25.79	\$18.62	per session
92601		Diagnostic analysis of cochlear implant, patient younger than 7 years of age, with programming	\$107.70	\$77.78	per session
92602		Diagnostic analysis of cochlear implant, patient younger than 7 years of age, subsequent reprogramming	\$66.33	\$47.90	per session
92603		Diagnostic analysis of cochlear implant, age 7 years or older, with programming	\$105.15	\$75.94	per session
92604		Diagnostic analysis of cochlear implant, age 7 years or older; subsequent reprogramming	\$62.27	\$44.97	per session
92607	GN	Evaluation for prescription speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	\$67.29	\$48.58	60 mins
92608	GN	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separately in addition to 92607 for primary procedure)	\$19.20	\$13.86	30 mins
92609	GN	Therapeutic services for the use of speech-generating device, including programming and modification	\$73.85	\$53.33	per session
92610*		Evaluation of oral and pharyngeal swallowing function	\$47.88	\$34.47	per session

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Billing Code	Modifier(s)	Description	Agency Rate	Independent Rate**	HIPAA compliant unit defined as
92620		Evaluation of central auditory function, with report; initial 60 minutes	\$34.11	\$29.20	60 mins
92621		Evaluation of central auditory function, with report; each additional 15 minutes	\$8.62	\$7.38	15 mins
92630	GN	Auditory rehabilitation; pre-lingual hearing loss	\$55.50	\$40.08	per session
92630	HQ,GN	Auditory rehabilitation; pre-lingual hearing loss (Group)	\$36.63	\$26.45	per member per session
92633	GN	Auditory rehabilitation; post-lingual hearing loss	\$55.50	\$40.08	per session
92633	HQ,GN	Auditory rehabilitation; post-lingual hearing loss (Group)	\$36.63	\$26.45	per member per session
96110	GN	Developmental testing; limited, (eg. Early Language Milestone Screen) with interpretation and report	\$5.32	\$3.85	per session
V5008		Hearing screening	\$17.02	\$12.86	15 mins
V5008	TF	Hearing screening (Assistant)	15.32	\$11.57	15 mins
V5010		Assessment of hearing aid	\$17.75	\$12.78	15 mins
V5264		Ear mold/insert, not disposable, any type (Under age 21 for hearing aids only)	\$45.50	\$32.86	per unit
V5362		Speech screening (articulation)	\$17.76	\$12.87	15 mins
V5362	TF	Speech screening (articulation)(Assistant)	\$14.65	\$10.58	15 mins
V5363		Language screening (receptive or expressive)	\$17.76	\$12.87	15 mins
V5363	TF	Language screening (receptive or expressive)(Assistant)	\$14.65	\$10.58	15 mins
V5364*		Dysphagia screening	\$17.76	\$12.87	15 mins
V5364*	TF	Dysphagia screening (Assistant)	\$14.65	\$10.58	15 mins